

GREENBELT COMMUNITY CENTER

15 Crescent Road, Greenbelt, MD 20770 Phone: 301-397-2208 Fax: 301-220-0561 E-Mail: Rebekah Sutfin-- rsutfin@greenbeltmd.gov

Office Use Only: Date Entered:

Entered By: Receipt #:

FACILITY RENTAL APPLICATION

CONTACT INFORMATION:				
Name/Organization:				
Address:		City:	State:	Zip:
Home #:	Work #:		Cell #:	
E-mail address:				
EVENT/ACTIVITY INFORMATION				
	Gree	nbelt Resident Ho	ourly Rate No	n-Resident Hourly Rate
GymnasiumSports Only (Room		\$45.00	110	\$55.00
Multi-Purpose Room (Room 201)		\$40.00		\$50.00
Dance Studio (Room 10)		\$35.00		\$45.00
Theater Rehearsal Room (Room	202)	\$30.00		\$40.00
Senior Classroom (Room 114)		\$25.00		\$35.00
Community Meeting Room (Room	m 103)	\$25.00		\$35.00
Gallery (Room 112)		\$25.00		\$35.00
Event/Activity:				
Date(s) of Reservation:		Da	ny(s) of Week: Su	M T W R F Sa
Time of Reservation:				
Number of persons expected:	Number o	of Tables needed:_	Number of	of Chairs needed:
DISCLOSURE:				
The Greenbelt Community Center retain for an official City or Recreation Depar			d reservation if the r	oom reserved is needed
Greenbelt resident proof is required:	State issued pl	hoto ID or curren	nt lease with a valid	Greenbelt address.
By signing this form you agree to abide to accept full responsibility for all attendithese policies.				
Applicants Signature:			Date:	
PAYMENT INFORMATION: "Cash	only accepte	d M-F 9am-430p	m) "Check "Money	Order Credit Card
A valid credit card number must be provor damage to the facility or its contents	vided and will b	be charged up to \$3	<u> </u>	
Name on card:				
Billing Address:				
Card Type: Car				
Credit Card Holder Signature:				